# MICHIGAN
### Department of Education

# Material Storage and Custody Form

Please complete the form below:

| | |
|---|---|
| **School Name** | |
| **Building Assessment Coordinator** | |
| **Building Principal** | |
| **District Name** | |
| **District Assessment Coordinator** | |

| Question | Response |
|---|---|
| Where are secure testing materials stored while not in use? | |
| What is the plan for distribution of secure materials to testing staff on the day of testing? | |
| What is the plan for distribution of secure materials to students before testing? | |
| What is the plan for collection of secure materials from students after testing? | |
| What is the plan for destroying non-returnable secure materials after testing? | |

| Question | Response |
|---|---|
| How will staff communicate if secure materials are unable to be accounted for? | |
| What is the material recovery plan in the event that secure materials are unable to be accounted for? | |